

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">439447.27</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">431930.43</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">70977.32</span>	<span style="border: 1px solid black; padding: 2px;">248375.88</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">502907.75</span>	<span style="border: 1px solid black; padding: 2px;">687823.15</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">1090.65</span>	<span style="border: 1px solid black; padding: 2px;">186006.05</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">501817.10</span>	<span style="border: 1px solid black; padding: 2px;">501817.10</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 05 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 05 / 31 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

53604.32

163337.86

(ii) Unitemized .....

16082.20

81355.31

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

69686.52

244693.17

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

69686.52

244693.17

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

1290.80

3682.71

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

70977.32

248375.88

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

70977.32

248375.88

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1090.65	3591.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1090.65	3591.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	182000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	415.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	415.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1090.65	186006.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1090.65	186006.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69686.52	244693.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	415.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69686.52	244278.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1090.65	3591.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1290.80	3682.71
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-200.15	-91.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julie Kay Anderson MD**

Mailing Address 2248 Chelmsford Ln

City

Saint Cloud

State

MN

Zip Code

56301-9012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Cloud Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2998143**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Mezia Ogugua Azinge-Obasi MD**

Mailing Address 3668 W Medici Ln

City

Inglewood

State

CA

Zip Code

90305-1883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2015

**Transaction ID : C3008917**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Frederic Baker MD**

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMMHC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2997506**

Amount of Each Receipt this Period

43.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

773.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. D Michael Michael Baxter MD**

Mailing Address 301 S 7th Ave

City

West Reading

State

PA

Zip Code

19611-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000190

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. John L Bender MD**

Mailing Address 4674 Snow Mesa Dr Ste 140

City

Fort Collins

State

CO

Zip Code

80528-8614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Miramont Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 18 / 2015

Transaction ID : C3002318

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Rebekah Ann Bernard MD**

Mailing Address 19481 Devonwood Cir

City

Fort Myers

State

FL

Zip Code

33967-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000406

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1730.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Sam Blackstock CAE**

Mailing Address 1900 NW Expressway  
Suite 501

City State Zip Code  
Oklahoma City OK 73118-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OAFP

Occupation

EVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2998195**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. Reid B Blackwelder MD**

Mailing Address 4407 Leedy Rd

City State Zip Code  
Kingsport TN 37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ETSU

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015

**Transaction ID : C3001744**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Edward Asher Blumen MD**

Mailing Address 1720 Maple Ave

City State Zip Code  
Evanston IL 60201-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : C3000163**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

715.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nicole Suzanne Boersma MD**

Mailing Address 826 E Mill Creek Rd S

City

Greensburg

State

IN

Zip Code

47240-6326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 27 / 2015

Transaction ID : C3013843

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Robert C M Bourne MD**

Mailing Address 1538 Dwight St

City

Redlands

State

CA

Zip Code

92373-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000300

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

**c. Ellen Sandra Brull MD**

Mailing Address 830 Arbor Ln

City

Glenview

State

IL

Zip Code

60025-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

05 / 20 / 2015

Transaction ID : C3010572

Amount of Each Receipt this Period

3000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Alden Bruno MD**

Mailing Address 3124 Chestnut Ave

City

Baltimore

State

MD

Zip Code

21211-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2015

**Transaction ID : C3001698**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Samuel L Church MD, MPH**

Mailing Address 120 River St

City

Hiawassee

State

GA

Zip Code

30546-3252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 05 / 2015

**Transaction ID : C2997286**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Patrick J Connolly MD**

Mailing Address PO Box 9746

City

Portland

State

ME

Zip Code

04104-5040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

**Transaction ID : C3000301**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan Mitchell Cook DO**

Mailing Address 632 Chesterfield Rd

City State Zip Code  
 Bogart GA 30622-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : C3000162**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Lisa Leigh Corum MD**

Mailing Address 11501 Redwood Way

City State Zip Code  
 Louisville KY 40223-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Floyd Memorial Hospital

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : C2998140**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Steven A Crawford MD**

Mailing Address 900 NE 10th St

City State Zip Code  
 Oklahoma City OK 73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Oklahoma

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2015

**Transaction ID : C3013410**

Amount of Each Receipt this Period

416.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

1146.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Douglas W Curran MD**

Mailing Address 117 Medical Cir

City

Athens

State

TX

Zip Code

75751-9003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000215

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Sarah Denise Curry**

Mailing Address 5433 Broadway St

City

Indianapolis

State

IN

Zip Code

46220-3068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 27 / 2015

Transaction ID : C3013779

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Paul W Davis MD**

Mailing Address 9801 Homestead Trl

City

Anchorage

State

AK

Zip Code

99507-6765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 05 / 2015

Transaction ID : C2997262

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1095.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrea M DeSantis DO**

Mailing Address 1234 Lexington Ave

City

Charlotte

State

NC

Zip Code

28203-4835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 18 / 2015

**Transaction ID : C3002316**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Frank B Dibble MD**

Mailing Address PO Box 519

City

Rye Beach

State

NH

Zip Code

03871-0519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

**Transaction ID : C3000192**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Dennis M Dimitri MD**

Mailing Address 295 Lincoln St  
Ste 204

City

Worcester

State

MA

Zip Code

01605-3639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

**Transaction ID : C3000185**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

830.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sachin Narendra Dixit MD**

Mailing Address 1796 Concord Dr

City

Glendale Heights

State

IL

Zip Code

60139-1899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2015

**Transaction ID : C3000612**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

05 / 09 / 2015

**Transaction ID : C2999007**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Lynn R Fisher**

Mailing Address 3103 Thunderbird Dr

City

Hays

State

KS

Zip Code

67601-1423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lifeline Family Medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2997987**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

965.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rachel M Franklin MD**

Mailing Address 900 NE 10th St  
Ste 3

City State Zip Code  
Oklahoma City OK 73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma Health Sciences

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2998198**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Ophelia Eugenia Garmon-Brown MD**

Mailing Address 4732 Snow Dr

City State Zip Code  
Harrisburg NC 28075-7609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Novan Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2015

**Transaction ID : C2997269**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dennis Lynn Gingrich MD**

Mailing Address 500 University Dr  
HMC, FAMILY MEDICINE, H154

City State Zip Code  
Hershey PA 17033-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2998209**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

980.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Janice R Gomersall MD**

Mailing Address 3708 North Ave W

City

Missoula

State

MT

Zip Code

59804-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000284

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael David Goodwin**

Mailing Address 26220 Sw Canyon Creek Rd Apt 201

City

Wilsonville

State

OR

Zip Code

97070-7649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Health & Services

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000281

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Robert T Gorman MD**

Mailing Address 4 Oak Rdg

City

Caldwell

State

NJ

Zip Code

07006-4526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vasngard Medical

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2015

Transaction ID : C2998189

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Vito Grasso CAE**

Mailing Address 260 Osborne Rd

City Albany State NY Zip Code 12211-1844

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000293

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. Judith A Gravdal MD**

Mailing Address 1775 Dempster St

City Park Ridge State IL Zip Code 60068-1143

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 06 / 2015

Transaction ID : C2997504

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **c. Lynn S Gray MD**

Mailing Address 9875 Wildberry Ln

City Berrien Springs State MI Zip Code 49103-9154

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000298

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1030.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Naomi S Grobstein MD**

Mailing Address 48 Fairfield St

City

Montclair

State

NJ

Zip Code

07042-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Health Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2997429**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas J Groeger MD**

Mailing Address 11226 Deer Mountain Rd

City

Lead

State

SD

Zip Code

57754-3764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2997499**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. John Allan Gross MD**

Mailing Address 506 15th Ave NE

City

Saint Petersburg

State

FL

Zip Code

33704-4707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

486.68

Date of Receipt

05 / 12 / 2015

**Transaction ID : C3000159**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

980.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barbara A Haeckler MD**

Mailing Address 17818 Greentree Ln

City

Hagerstown

State

MD

Zip Code

21740-7865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Keystone Family Medicie

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2997430**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David J Hagan MD**

Mailing Address 410 Meadow Rue Dr

City

Gibson City

State

IL

Zip Code

60936-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gibson City

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 05 / 2015

**Transaction ID : C2997293**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Boyde Jerome Harrison MD**

Mailing Address 904 26th St

City

Haleyville

State

AL

Zip Code

35565-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 07 / 2015

**Transaction ID : C2998351**

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1084.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Carletta Hauck**

Mailing Address 3912 Golf Course Rd

City

Watertown

State

SD

Zip Code

57201-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SD AFP

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2998210**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. Jeffrey J Hoffmann DO**

Mailing Address PO Box 370

City

Guttenberg

State

IA

Zip Code

52052-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2997498**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Susan Hogeland CAE**

Mailing Address Exec Vice Pres CA AFP  
1520 Pacific Ave

City

San Francisco

State

CA

Zip Code

94109-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

California Academy of Family Physician

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2997441**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian Lee Holmes MD**

Mailing Address 1111 N Brady St

Ste B

City

Abilene

State

KS

Zip Code

67410-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 07 / 2015

Transaction ID : C2998343

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Beulette Y Hooks MD**

Mailing Address 7286 E Wynfield Loop

City

Midland

State

GA

Zip Code

31820-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DOD

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 05 / 2015

Transaction ID : C2996554

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Po-Yin Samuel Huang**

Mailing Address 2700 Cahuenga Blvd E

City

Los Angeles

State

CA

Zip Code

90068-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000166

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tochi I L Iroku-Malize MD**

Mailing Address PO Box 369

City State Zip Code  
Islip NY 11751-0369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : C3000217**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Melissa Jefferis MD**

Mailing Address 1142 Worthington Woods Blvd

City State Zip Code  
Columbus OH 43085-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2998194**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Chad Duane Johanning MD**

Mailing Address 820 Ravenhill Dr  
Ste 102

City State Zip Code  
Atchison KS 66002-9230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : C3000410**

Amount of Each Receipt this Period

365.00

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**TOTAL** This Period (last page this line number only)..... ►

1095.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kyle Bradford Jones MD**

Mailing Address 4257 S 1650 E

City

Holladay

State

UT

Zip Code

84124-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah School of Medicine

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

05 / 14 / 2015

Transaction ID : C3001723

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Mark A Josefski MD**

Mailing Address 396 Broadway

City

Kingston

State

NY

Zip Code

12401-4626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2015

Transaction ID : C2998192

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Carla Lee Kakutani MD**

Mailing Address 438 Abbey St

City

Winters

State

CA

Zip Code

95694-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000168

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barbara A Keber MD**

Mailing Address 1 Cathy Ct

City

Glen Head

State

NY

Zip Code

11545-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000216

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Charles H Keenen MD**

Mailing Address 1004 Mistletoe Dr

City

Elbridge

State

NY

Zip Code

13060-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2015

Transaction ID : C2997520

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Rosa King MD**

Mailing Address PO Box 118

City

Port Republic

State

VA

Zip Code

24471-0118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockingham Memorial Hospital Healthcar

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 18 / 2015

Transaction ID : C3002361

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anne L Kittendorf MD**

Mailing Address 999 Marshall Lakes Dr

City State Zip Code  
Dexter MI 48130-8410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : C3000292**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Harry Clifton Knight MD**

Mailing Address 6089 Southlake Dr

City State Zip Code  
Parkville MO 64152-7214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American Academy of Family Physicians

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2998147**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Peter J Koopman MD**

Mailing Address 1011 Sycamore Ln

City State Zip Code  
Columbia MO 65203-2962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : C3000193**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1265.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruce M LeClair MD**

Mailing Address 5088 Windmill Lake Dr

City

Evans

State

GA

Zip Code

30809-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

**Transaction ID : C3000279**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Geoffrey L Loman MD**

Mailing Address 168 N Brent St Ste 502

City

Ventura

State

CA

Zip Code

93003-2840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brent Street Family Practice

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	5

**Transaction ID : C3002363**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Cathleen G London MD**

Mailing Address 440 W End Ave

City

New York

State

NY

Zip Code

10024-5358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weil Cornell Medical College

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	5

**Transaction ID : C2998191**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Ray Lovelady MD**

Mailing Address 8911 Forrestal Dr NE

City

Tuscaloosa

State

AL

Zip Code

35406-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northriver Primary Care Associates

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000407

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Glenn Manuel Madrid MD**

Mailing Address PO Box 10700

City

Grand Junction

State

CO

Zip Code

81502-5517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000299

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Christopher M Mahr MD**

Mailing Address 3085 Firestone Ct

City

Sumter

State

SC

Zip Code

29150-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colonial Family Practice

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.50

Date of Receipt

05 / 10 / 2015

Transaction ID : C2999035

Amount of Each Receipt this Period

40.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

770.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Melanie Jo Malec MD**

Mailing Address 5405 Brookside Trl

City  
Solon

State  
OH

Zip Code  
44139-1671

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2997443**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Jesus A Manteca-Elias MD**

Mailing Address 1832 Weeg Way

City

Park Ridge

State

IL

Zip Code

60068-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 05 / 2015

**Transaction ID : C2997224**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Kevin B Martin MD**

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Life Care Physician Services

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 26 / 2015

**Transaction ID : C3013523**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2997363**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

**Transaction ID : C3002356**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Jeremy Phillip Mitchell**

Mailing Address 103 Anderson Pl

City

Polson

State

MT

Zip Code

59860-2180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence St Joseph

Occupation

Family Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : C3000621**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

465.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anne M Montgomery MD**

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 28 / 2015

Transaction ID : C3014805

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dale C Moquist MD**

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.30

Date of Receipt

05 / 09 / 2015

Transaction ID : C3020297

Amount of Each Receipt this Period

91.66

Full Name (Last, First, Middle Initial)

**C. Katherine W Munt**

Mailing Address 117 Valley Stone Rd

City

Huntsville

State

AL

Zip Code

35811-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Olympus Clinic

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 18 / 2015

Transaction ID : C3002759

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

706.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy Allyn Munzing MD**

Mailing Address 10948 Dishman Place

City State Zip Code  
Tustin CA 92705-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
So Cal Permanente Medical Group

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 05 / 2015

**Transaction ID : C2997279**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Brian Keith Nadolne MD**

Mailing Address 3310 Monceau Way

City State Zip Code  
Roswell GA 30075-3120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : C3000435**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Innocent Nwokedi Odocha MD**

Mailing Address 816 NW 13th St

City State Zip Code  
Gainesville FL 32601-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 05 / 2015

**Transaction ID : C2997258**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

930.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carl Raymond Olden MD**

Mailing Address 311 S 72nd Ave

City

Yakima

State

WA

Zip Code

98908-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 07 / 2015

Transaction ID : C2998348

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Yvette Oquendo Md Oquendo-Berruz MD**

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2015

Transaction ID : C2998248

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Javette C Orgain MD**

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vitas Innovative Hospice

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 28 / 2015

Transaction ID : C3014806

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

710.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Roanne Michele Osborne-Gaskin MD**

Mailing Address 13 Fox Ridge Cres

City State Zip Code  
 Warwick RI 02886-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Neighborhood Health Plan of RI

Occupation  
 Associate Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : C2998800**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Elissa J Palmer MD**

Mailing Address 2410 Fire Mesa St

City State Zip Code  
 Las Vegas NV 89128-9016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self

Occupation  
 Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2015

**Transaction ID : C3001291**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Benito Blanco Perez Jr**

Mailing Address 34030 Center Stone Cir

City State Zip Code  
 Temecula CA 92592-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Southern CA Medical Group

Occupation  
 Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2015

**Transaction ID : C2997226**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Larry Pheifer MD**

Mailing Address 210 Green Bay Rd

City

Thienville

State

WI

Zip Code

53092-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : C2998213**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Adebowale (Dayba) Glenner Prest Prest**

Mailing Address 11715 Galt Ave

City

Silver Spring

State

MD

Zip Code

20902-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Patient First

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : C2998141**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Leonard Daniel Reeves MD**Mailing Address GA Health Sciences Univ MCG NW GA  
Heritage hall 415 E Third Avenue

City

Rome

State

GA

Zip Code

30161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GHSU

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

**Transaction ID : C2997287**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1230.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bernard Richard MD**

Mailing Address 1926 Declaration Dr

City

Greenfield

State

IN

Zip Code

46140-2762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Physicians Network

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 05 / 2015

Transaction ID : C2997294

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Stephen D Richards DO**

Mailing Address 404 E Kennedy St

City

Algona

State

IA

Zip Code

50511-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000295

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 09 / 2015

Transaction ID : C2999008

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kimberly W Roman MD**

Mailing Address 5344 Jennifer Dr  
Ste 2245

City State Zip Code  
Fairfax VA 22032-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United States Coast Guard

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2998212**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Flora F Sadri-Azarbayejani DO**

Mailing Address 427 S Mountain Rd

City State Zip Code  
Northfield MA 01360-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

**Transaction ID : C3007264**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Sarah L Sams MD**

Mailing Address 2994 Frazell Rd

City State Zip Code  
Hilliard OH 43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2015

**Transaction ID : C2999146**

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

670.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dennis James S Sanchez MD**

Mailing Address 4347 Clubhouse Dr

City

Lakewood

State

CA

Zip Code

90712-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

706.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2997503**

Amount of Each Receipt this Period

706.00

Full Name (Last, First, Middle Initial)

**B. Lise K Satterfield MD**

Mailing Address 1905 Corbridge Ln

City

Monkton

State

MD

Zip Code

21111-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 18 / 2015

**Transaction ID : C3002926**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Lise K Satterfield MD**

Mailing Address 1905 Corbridge Ln

City

Monkton

State

MD

Zip Code

21111-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 27 / 2015

**Transaction ID : C3013800**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

956.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dawn Marie Schissel MD**

Mailing Address 230 S 68th St

City

West Des Moines

State

IA

Zip Code

50266-8176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : C3000290**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Alvia Habeeb Siddiqi MD**

Mailing Address 3100 Town Square Dr  
Unit 208

City

Rolling Meadows

State

IL

Zip Code

60008-2668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Automated Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2015

**Transaction ID : C2999483**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Suzannah Harding Spencer MD**

Mailing Address 2504 S 6Th Ave

City

Sioux Falls

State

SD

Zip Code

57105-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Center for Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2015

**Transaction ID : C3002320**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1095.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel R Spogen MD**

Mailing Address Brigham Building  
MS 316

City State Zip Code  
Reno NV 89557-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2015

**Transaction ID : C3000412**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Douglas Alan Spotts MD**

Mailing Address 45 Forestwood Dr

City State Zip Code  
Lewisburg PA 17837-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Evangelical Community Hospital

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2998206**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Diane Marie Steere MD**

Mailing Address 800 N Carriage Pkwy

City State Zip Code  
Wichita KS 67208-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2015

**Transaction ID : C2996553**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James J Stevermer MD**

Mailing Address Ma 303 Med Science Bld

City  
Columbia

State  
MO

Zip Code  
65212-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Missouri Health System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 13 / 2015

**Transaction ID : C3013825**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Suellywn Stewart MD**

Mailing Address 689 Cherrington Rd

City  
Westerville

State  
OH

Zip Code  
43081-3038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Licking Memorial Health Partners

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2998193**

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**c. Linda Gonzales Stogner MD**

Mailing Address PO BOX 807

City  
Estancia

State  
NM

Zip Code  
87016-0807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Presbyterian Medical Services

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 11 / 2015

**Transaction ID : C3017567**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1490.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Windel A Stracener MD**

Mailing Address 1333 Hunters Pointe Dr

City

Richmond

State

IN

Zip Code

47374-7184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 11 / 2015

Transaction ID : C2999147

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Glen R Stream MD**

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 21 / 2015

Transaction ID : C3010597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard A Stuntz MD**

Mailing Address 6812 Trinity Landing Dr N

City

Fort Worth

State

TX

Zip Code

76132-3742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 18 / 2015

Transaction ID : C3002873

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mark Randal Suenram MD**

Mailing Address 6675 Holmes Rd

City

Kansas City

State

MO

Zip Code

64131-1150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 05 / 2015

Transaction ID : C2997277

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Tina Louise Tanner MD**

Mailing Address 905 S 88th Ave

City

Shelby

State

MI

Zip Code

49455-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000296

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Hugh M Taylor MD**

Mailing Address 15 Railroad Ave

City

South Hamilton

State

MA

Zip Code

01982-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Associates LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 18 / 2015

Transaction ID : C3003027

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5615.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stacy J Taylor MD**

Mailing Address 173 E Cotton Hill Rd

City

New Hartford

State

CT

Zip Code

06057-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Hungerford Hospital

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 01 / 2015

Transaction ID : C2994145

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

**B. James P Valek MD**

Mailing Address 10140 S Seeley Ave

City

Chicago

State

IL

Zip Code

60643-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000169

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Lloyd P Van Winkle MD**

Mailing Address PO Box 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medina Valley Family Practice

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 02 / 2015

Transaction ID : C2994521

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

446.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kenton I Voorhees MD**

Mailing Address 7953 S Franklin Ct

City

Centennial

State

CO

Zip Code

80122-3255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2015

**Transaction ID : C2997442**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Bruce Alan Wallstedt MD**

Mailing Address 6323 Canterbury Close

City

Brentwood

State

TN

Zip Code

37027-4870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

109.50

Date of Receipt

05 / 10 / 2015

**Transaction ID : C2999033**

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

**C. Kevin S Wang MD**

Mailing Address 1823 Terry Ave  
Apt 1609

City

Seattle

State

WA

Zip Code

98101-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swedish Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 24 / 2015

**Transaction ID : C3013433**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

501.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John M Westfall MD**

Mailing Address 12631 E 17Th Ave  
 Mail Stop F496

City Aurora State CO Zip Code 80045-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colorado Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2015

Transaction ID : C3000160

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City Dahlonega State GA Zip Code 30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2015

Transaction ID : C2998908

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher Nathan White MD**

Mailing Address 888 S Hill Rd

City Ventura State CA Zip Code 93003-8400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 07 / 2015

Transaction ID : C2998342

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1015.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gustav C Wilde MD**

Mailing Address PO Box 773

City State Zip Code  
Franklin NC 28744-0773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2015

**Transaction ID : C2998246**

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**B. Cynthia M Williams DO**

Mailing Address 9233 Singleton Dr

City State Zip Code  
Bethesda MD 20817-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2015

**Transaction ID : C3013850**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Julie Kristin Wood MD**

Mailing Address 5305 NE Rainbow Cir

City State Zip Code  
Lees Summit MO 64064-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American Academy of Family Physicians

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2015

**Transaction ID : C2997507**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1300.00

**TOTAL** This Period (last page this line number only)..... ►

53604.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 52

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3682.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2015

**Transaction ID : C3001703**

Amount of Each Receipt this Period

1290.80

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1290.80

1290.80

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

92.81

MM / DD / YYYY

78.49

05 / 12 / 2015

8.13

State:  District:

179.43



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

14.35

Category/  
Type

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	1.32

Category/  
Type

18.36

34.03

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 52

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 18 2015

Transaction ID : D166388

Amount of Each Disbursement this Period

294.78

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 18 2015

Transaction ID : D166389

Amount of Each Disbursement this Period

18.36

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 26 2015

Transaction ID : D166390

Amount of Each Disbursement this Period

0.99

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

314.13

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Age Group	Percentage
18-24	0.81
25-34	0.19
35-44	0.00
45-54	0.00
55-64	0.00
65-74	0.00
75-84	0.00
85+	0.00

MM / DD / YYYY

[illegible]

05 / 04 / 2015

4.93

State:  District:

8.99

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bank Of America Merchant Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Mailing Address WA2-505-01-40  
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Transaction ID : D165821

Amount of Each Disbursement this Period

554.07

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

554.07

1090.65